

District I
 O Box 1988, Hobbs, NM 88241-1988
 District II
 O Drawer DD, Artesia, NM 88211-0719
 District III
 100 Rio Grande Rd., Anton, NM 87410
 District IV
 O Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-104
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 3 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL P.O. BOX 850 BLOOMFIELD, NEW MEXICO 87413		OGRID Number 023708
		Reason for Filing Code NW
AFT Number 30 - 039-25432	Pool Name BASIN DAKOTA	Pool Code 71599
Property Code 011510	Property Name RINCON UNIT	Well Number #149M

I. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West	County
F	30	27N	6W		1900'	NORTH	1365'	WEST	039

II Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West	County
F	30	27N	6W		1900'	NORTH	1365'	WEST	039
Lee Code F	Producing Method Code F	Gas Connection Date ASAP	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

I. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009018	GIANT REFINING COMPANY 5764 U.S. HIGHWAY 64 FARMINGTON, N.M. 87401	2816241	0	
007057	EL PASO NATURAL GAS COMPANY P.O. BOX 4990 FARMINGTON, N.M. 87499	2816242	G	

RECEIVED
 OCT 31 1995
 OIL CON. DIV.
 DIST. 3

. Produced Water

POD	POD ULSTR Location and Description
2816243	

Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations
07/09/95	09/15/95	7770'	7700'	7564' - 7680'
Bore Size	Casing & Tubing Size	Depth Set	Sacks Cement	
12 1/4"	9 5/8" 36#, J-55	374'	225sx "G" cmt to surf.	
8 3/4"	7" 23#&26#, K-55	7765'	1)450sx 50/50poz, 175sx "G",	
	2 3/8" 4.7#	7596'	2)310sx 65/35, 510sx 50/50poz,	
			175sx "G" cmt to surf.	
			Packer @ 5640'	

Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
	ASAP	10/19/95	24 Hrs.	200 psig	n/a
Choke Size	Oil	Water	Gas	AOP	Test Method
Variable	19	4	290 MCF/D		Flowing

hereby certify that the rules of the Oil Conservation Division have been complied
 and that the information given above is true and complete to the best of my
 knowledge and belief.

Name: *Robert L. Caine*

Job name: Robert L. Caine
 Production Foreman

Approved by:

Title:

Approval Date:

SUPERVISOR DISTRICT #3

October 30, 1995

Phone: (505)632-1811

OCT 31 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED
AMENDED REPORT AT THE TOP OF THIS DOCUMENT

rt all gas volumes at 15.025 PSIA at 60°.
rt all oil volumes to the nearest whole barrel.

uest for allowable for - - - - - drilled or deepened well must be
mpanied by a tabulation of the deviation tests conducted in
rdance with Rule 111.

ctions of this form must be filled out for allowable requests on
and recompleted wells.

ut only sections I, II, III, IV, and the operator certifications for
es of operator, property name, well number, transporter, or
such changes.

erate C-104 must be filed for each pool in a multiple
ction.

erily filled out or incomplete forms may be returned to
are unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

Reason for filing code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the
United States government survey designates a Lot Number
or this location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.

The bottom hole location of this completion

case code from the following table:

Federal
State
Fee
Jicarilla
Navajo
Uta Mountain Uta
Other Indian Tribe

is producing method code from the following table:
Flowing
Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a
transporter

permit number from the District approved C-129 for
completion

MO/DA/YR of the C-129 approval for this completion

MO/DA/YR of the expiration of C-129 approval for this
pletion

es or oil transporter's OGRID number

and address of the transporter of the product

number assigned to the POD from which this product
transported by this transporter. If this is a new well
completion and this POD has no number the district
will assign a number and write it here.

ct code from the following table:

Oil
Gas

22. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A", "Jones CPD", etc.)

23. The POC number of the storage from which water is moved
from the property. If this is a new well or recompletion and
this POD has no number the district office will assign a
number and write it here.

24. The ULSTR location of this POD if it is different from the
well completion location and a short description of the POD
(Example: "Battery A Water Tank", "Jones CPD Water
Tank", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing
chose and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and
bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

46. The signature, printed name, and title of the person
authorized to make this report, the date this report was
signed, and the telephone number to call for questions
about this report

47. The previous operator's name, the signature, printed name,
and title of the previous operator's representative
authorized to verify that the previous operator no longer
operates this completion, and the date this report was
signed by that person